

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/					
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42		/				
43	/					
44		/				
45		/				
46		/				
47	/					
48		/				
49		/				
50		/				
TOTAL IND.	19		71		90	
TOTAL DEP.	0		0		0	
TOTAL CLAIMS	19		71		90	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		/				
52		/				
53		/				
54		/				
55		/				
56	/					
57		/				
58		/				
59		/				
60		/				
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91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	19		71		90	
TOTAL DEP.	0		0		0	
TOTAL CLAIMS	19		71		90	